Performance Assessment & Improvement (PA & I)

CDR Bruce C. Meneley, MC, USN
Medical Officer,
COMPHIBGRUTHREE

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Performance Assessment & Improvement (PA & I)

What is it?

- A method of reviewing care to ensure quality and appropriateness.
- A process of improving the care provided.

References

- OPNAVINST 6400.1A
- NAVMED P-117
- BUMEDINST 6010.13
- BUMEDINST 6320.67
- COMNAVSURFPAC/LANT 6000.1 series
- COMNAVSURFPAC/LANT 6320.1 series
- CPG2/3 6010.2 series

Objectives

- Discuss the three recognized levels of operational medical care.
- Discuss the responsibilities of the physician supervisor.
- Discuss the purpose & frequency of quality improvement visits.
- Discuss data collection and analysis
- Review medical special occurrences

Process Improvement

- Patient questionnaires/surveys.
- Data collection and analysis.
- Plan an improvement.
- Implement your plan.
- Re-analyze the process
- Fine tune as required.

Operational Medical Care Levels

- Surgical/Embarked Specialty Teams and Senior Medical Officers (SMOs)
- General Medical Officers (GMOs)
- Non-Physician Health Care Providers (NPHCPs)
  - Nurses
  - Physician assistants
  - Selected hospital corpsmen (IDCs)

Physician Supervisors *Assignments*

- The HCP's immediate medical supervisor in charge.
  - *SMO's-* Group MO
  - *GMO's-* SMO, CATF Surgeon, or Group MO
  - *IDC's-* Group MO , CATF Surgeon/SMO of lead ship in the deployed battle group
- Physician supervisors are appointed in writing.

Physician Supervisors *Responsibilities*

- Coordinate physician visits.
- Perform short-term surveys of TAD providers.
- Compile periodic QI surveys.
- Ensure the HCP's practice is limited to their privileges, training, and AMMAL.
- Verify HCP education (CME/CEU).
- Investigate/review patient complaints

Physician QA Visits

- Purpose is educational.
- Minimum quarterly QA visits
- Each visit includes
  - Written chart review.
  - Practice performance evaluation.
  - Continuing education review.
  - Patient evaluation as dictated by chart review.

Reporting Physician Visits

- Quarterly preparation
  - Each HCP reviewed by the ISIC is summarized.
  - Submitted to reviewer's ISIC (Group MO).
  - Group MO prepares a squadron summary, for submittal to the Force MO.
- Annual summary compiled by Group MO.

Quality Assurance Meetings

- Held by SMAA, SMO, Group/RSO MO.
- All HCPs are *strongly* encouraged to attend.
- Command medical departments are encouraged to hold their own QA meetings.
- Two purposes:
  - Improvement in health care delivery
  - Data collection and analysis

Quality Assurance Meeting

Health Care Improvement

- Morbidity & Mortality
- Medical Training
- Blood Bank Utilization
- Continuing Medical Education
- Ancillary Services
- Infection Control
- AMMAL Discussion
- Risk Management/ Patient Satisfaction

Quality Assurance Meeting

Data Collection

- Focus is to improve a health care process.
- Limited to elements from which
  - Data is reportable.
  - Analysis is planned.
- Goal is to increase the quality of provided health care.
  - Redesign inefficient/flawed processes.
  - Limit disease extension.
  - Formulate new standards of quality.

Medical Special Occurrences

Any medically related act which precipitates one or more of the following instances:

- Congressional/Secretarial/ legal health care inquiries
- Adverse patient outcomes
- Unexpected hospital/ER admissions
- Medication/treatment errors
- Performing non-qualified procedures
- Accident /death under medical care
- Needle sticks (? contaminated)
- Equipment malfunction resulting in injury/death
- Patient complaints
- Potentially compensable events (PCE)

Potentially Compensable Events (PCEs)

Any event or outcome during the process of medical/dental care in which the patient suffers a lack of improvement, injury, or illness of a severity greater than that ordinarily experienced by patients with similar processes or illness.

Potentially Compensable Events
Classifications

- *None / Minor* (missed fx with no functional loss).
- *Temporary*
  - Lacerations secondary to falls.
  - Fractured tooth during intubation.
- *Long term / Permanent*
  - Fall with sustained neurological injury.
  - Healed (misaligned) fracture with decreased wrist function.

Quality of Care Review

Initiation

- Individual command informs Group ISIC via message/ logged telephone call of the nature of the “special occurrence.”
- The ISIC reviews the case and makes a recommendation to the Force MO.
  - *Request QOCR*
  - *Waive QOCR with no subsequent actions*
  - Force MO can overturn decision of ISIC.

Quality of Care Review
Case Evaluation

- Investigation using JAGMAN format.
  - ***QOCR IS NOT A JAGMAN INVESTIGATION!***
  - JAGMAN format is used for logical progression.
- QOCR can be forwarded to the Executive Committee of the Medical Staff (ECOMS).
  - Typically comprised of primary care MOs.
  - Reviews investigation information, ISIC/Force MO comments prior to rendering a decision.

Quality of Care Review

ECOMS Board Decisions

- Category I
- Category II
- Category III
- Category IV
- Non-categorical Event
- Exception

Peer Review
Basics

- JAGMAN investigation convened to investigate reported misconduct.
- It is not a Courts Martial, but it can lead to it.
- The procedure is conducted to afford the affected provider
  - Due process.
  - Fundamental fairness.
  - equal treatment.

Peer Review
Process Procedures

- Separated into 7 phases:
  - Preliminary matters
  - Investigation & evaluation
  - Privileging authority initial decision
  - Notification & response by accused
  - Peer review panel
  - Privileging authority final decision
  - Appeal phase

Peer Review
Reporting Procedures

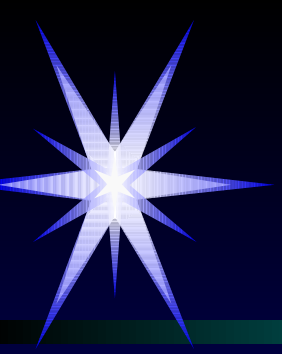
- CO's required to report the following for appropriate investigation/action:
  - Practitioner impairment
  - Allegations of
    - Criminal misconduct.
    - Reportable misconduct.
    - Medical board recommendation for separation due to disability.
    - Privilege suspension.
- Strictest confidentiality of all report records.

Peer Review
Reportable Misconduct

- Fraudulent entry or misrepresentation
- Cheating
- Self/familial Rx of Schedule II medicinals
- Fail to report civilian disciplinary action
- Misdemeanor >$1000; felony > 1 yr confined
- Abrogation of clinical responsibility:
  - Misleading patients
  - Willful violation of patient confidentiality
  - Drug abuse
  - Aiding/Abetting
  - Committing sexual abuse
  - Illegal possession of scheduled medicinals

In Summary

- **A process to improve care.**
- A way to monitor for adequate care.
- A method to provide feedback to providers on the care they give.
- A way to report inadequate care.



Questions ?